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	1(Corpor	ation N	Varne) (1	Document	#)
:	2. (Corpor			Document	
:	3. (Corpor	ation N	Name) (I	Occument	#)
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NE'	W FILINGS		AMENDMENTS Amendment		8000021094588 -03/11/9701034001 *****35.00 *****35.00
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	nited Liability		Change of Registered Agent		
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Anı	nual Report	2-4-15°	Foreign		SEE.
	titious Name		Limited Partnership		FLO:
Na	me Reservation		Reinstatement		FILED PH 12: 00 LAHASSEE, FLORIDA
6	. a cha		Trademark		•

Other

CR2E031(195)

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
1. The name of the corporation is: <u>REMAX HOME fown</u> , <u>INC</u> .
2. The mailing address of the corporation is: 55 WESTON RO. Suite 103 FT. LAUDERDAIE, FL 33326
 3. Date of incorporation/qualification: 1/107/1994 Document number: P940008248 4. The name and address of the current registered agent and office:
VINCENT T. SAMMARCO
1000 N. HIATUS RO., SuitE 140
PEMBROKE PINES, FL 33026 35
5. The name and address of the new registered agent and office: (P.O. Box Not Receptable)
MELVIN N. KOSNOFF
55 WESTON RD., SuitE 103 EV 5
FT. LAUDERDALE, FL 33326 3 8
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
The ARIII 7/2/191
(Signature of an officer, chairman of vice chairman of the board) (Date)
MEIVIN N. KOSNOFF, PRESIDENT/DIRECTOR (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with approach the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

CR2E045(1/95)